Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TOMO RESTAURANT INC.						Est	Telephone Number	Date of Inspection	ID#	
Address 4317 CHARLESTOWN ROAD, NEW ALBANY IN 47150						Est 812-941-0200 Own 502-526-8128		04/05/2022		
Owner						Purpose		Follow Up	Released	
YOUN C. CHOI						_	X Routine		04/05/2022	
Owner's Address 4526 BILES COURT LOUISVILLE, KY 40241							Follow-up Complaint			
Person in Charge JESUS GARCIA							Pre-Operational			
Responsible Person's Email							Temporary HACCP	Menu Type 1 2 3 _X	. 4 5	
Certified Food Handler YONGHUN CHOI							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C	NC	R	Narrative		To Be Corrected				
191	Х		Χ	Observed bulk o	containers of made in ho	use sau	ces to not have a date mark	x. Today		
345	Х			Observed food debris in handwashins sink. Handwashing sink should be for handwashing only.						
138		Χ		Observed 2 employees in kitchen without hair restraint or hats. Corrected						
256		Χ		Observed prep cooler near ice machine to not have a thermometer. Corrected						
324		Х		Observed drain hose from ice machine to be disconnected and not discarging into floor drain.						
355		Х		Observed mop sink full of items and blocked with buckets. Mop water must be discarded into mopsink.						
411		X		Observed severa	al light bulbs out in kitch asure lighting in sushi b		easured lighting at 16-60 ftc. 70 ftc is required in	1 week		
Summary of Vio	lations	(C _	2 NC						
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
							Thomas Inider			
cc:					cc:			cc:		